CLAIMS ONLY

Application Number	Filing Date
10/688127	
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			1				51					
2							52					
3				1			53					
4				1			54					
5				1			55					
6							56					
7				1			57					
8			1				58					
9			1	1			59					
10							60					
11			1				61					
12				1			62					
13			1				63					
14				1			64					
15			1				65					
16				1			66					
17			1				67					
18				1			68					
19				1			69					
20				1			70					
21				1			71					
22				1			72					
23							73					
24							74					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep			6				Total Indep					
Total Depend			14				Total Depend					
Total Claims			20				Total Claims					